

**Alder Grove Charter School  
Parent / Student Contact Information Change Form**

Date: \_\_\_\_\_

Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Preferred name: \_\_\_\_\_

Information Completed by: \_\_\_\_\_

**Parent Email Address Changes** (print clearly):

Parent Name: \_\_\_\_\_

Parent Preferred Email Address:	
Parent Alternate Email Address:	

**Parent / Student Phone Number Changes:**

Parent Name(s): \_\_\_\_\_

Parent Home/Preferred Phone:	
Parent Cell/Alternate Phone:	
Student Cell Phone:	
Emergency Phone: _____ Name/Relationship: _____	

**Address Changes:**

Parent(s) Name: \_\_\_\_\_

Physical Address:	
Mailing Address:	

**Student Name Change:** Legal Name Change (legal documents must be attached)  Preferred Name/Alias

First Name:		Last Name:	
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**Student Preferred Gender:** Male  Female  Non-binary